

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting – Virtual Meeting

Date: 9th April 2021

Time: 9.30am to 11.30am

Present:

Niruban Ratnarajah	CCG Chair
Su Long	Chief Officer
Melissa Maguinness	Director of Strategic Commissioning/Deputy CO
Kelly Knowles	Acting Chief Finance Officer
Alan Stephenson	Lay Member
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Jane Bradford	Clinical Director, Governance & Safety
Helen Wall	Clinical Director, Commissioning
Tarek Bakht	GP Board Member
Dharmesh Mistry	GP Board Member
Helen Lilley	Board Nurse
Romesh Gupta	Secondary Care Specialist
Helen Lowey	Director of Public Health, Bolton Council

In attendance:

Chris Gee	Bolton News representative
Karen Doherty	Communication & Engagement Team, Bolton CCG
Esther Steel	Bolton FT Director of Corporate Governance/Trust Secretary

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
50/21	<u>Apologies for Absence</u> There were no apologies for absence.
51/21	<u>Introductions</u> Board members introduced themselves. There were 3 members of the public in attendance.
52/21	<u>Chair's Update</u> The new Chair, Niruban Ratnarajah, welcome members and the public. He thanked Wirin Bhatiani for his hard work and dedication over the last 10 years, both for the work he has lead on at a Greater Manchester and Locality level to ensure the clinical voice is heard and outlined his plans to continue this good work, developing the joint collaboration agenda and ensuring organisations continue to work together to develop these good working relationships further and to retain local knowledge and skills.

	<p>The Chair highlighted the need to ensure inclusivity and equal representation within all communities as the key to ensure equality of services within the locality. The Chair also highlighted the need to support and maintain sustainability over the next 12 months whilst organisations move to a new way of working through the national health and social care reforms.</p>
53/21	<p><u>Questions/Comments from the Public on items on the Agenda</u> There were no questions/comments from the public on items on the agenda.</p>
54/21	<p><u>Declarations of Interest in Items on the Agenda</u> There were no declarations of interest in the items on the agenda. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the CCG Board.</p> <p>It was noted that declarations declared by members of the Board are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p>
55/21	<p><u>Minutes of the Meeting previously agreed by the Board and Action Log from 12th March 2021 and 12th February 2021 Part 2 Meeting</u> The minutes were agreed as an accurate record and the updates to the action log noted.</p>
56/21	<p><u>Patient Focus</u> This month's patient focus is a highlight on mental health services, in particular the increase in access to children and young people's mental health services and a presentation was received from Sarah Whitehead and Louise McDade. The presentation highlighted the innovative models that have been developed and increase in access, focusing on a whole family approach, having simplified pathways for children and young people utilising the skills and expertise across the locality and creating a system that supports each other.</p> <p>The presentation also updated on the work of the voluntary sector provision for mental health services for children and young people through the Bolton Together Consortium, which is a registered charity to bring people together to support children, young people and families. The main focus currently is on emotional health and wellbeing. The difference this support is making was also shared with the Board, including an update on the outcomes framework. The collaboration developed called "Be kind to my mind" was also presented,</p> <p>A presentation was also received from the Bolton Youth Council on access to mental health services provided by Ciara Steele and Deborah Oteju. The presentation identified current priorities an ongoing projects to deliver a range of health and wellbeing programmes for children and young people and highlighted the current health priorities raised by young people and solutions available.</p> <p>Members discussed the presentation in particular the access data for mental health for children which does not currently capture the good work going on for young people in the voluntary sector. It was reported that following discussions, work is developing to change the mental health services data set. Work is also developing with providers to streamline processes further to ensure a simpler process for the way data is captured.</p> <p>Members thanked the presenters for their very comprehensive presentations and acknowledged the good work that has developed across mental health services for children and young people, as good examples of joint working and joint investments to make a difference.</p>

	<p>The Board noted the updates on access to mental health services for this month's Patient Focus and agreed to share this work further with the GP Membership once further data is available.</p>
57/21	<p><u>Mental Health Investment Standard (MHIS) – Statement of Compliance</u> The Board considered a report relating to the 2019-20 MHIS Statement of Compliance for approval and publication.</p> <p>It was reported that CCGs are required to publish a statement of compliance after the end of the financial year to state whether they consider that they have met their obligations with regard to the mental health investment standard, that is to say that their investment in mental health for the financial year either has or has not reached their target spend. It was noted that KPMG has reviewed and confirmed this is the case for the CCG and this can be approved by the Board.</p> <p>The Board approved the MHIS Statement of Compliance for signing by Chief Officer on behalf of the Board and its publication by the 15th April 2021.</p>
58/21	<p><u>Safeguarding Annual Report</u> The Board received a presentation on the key highlights from the 2019/20 Safeguarding Annual Report which included an update on the CCG's compliance and statutory duties. Members were informed that the CCG is reporting full compliance with 10 areas, with 3 areas showing as amber, which related to training compliance, employment of a designated doctor for sudden and unexplained deaths, which the role has now been appointed to and assurance from providers that they have effective safeguarding arrangements in place, which is an ongoing action.</p> <p>The presentation included a review of key pieces of work undertaken throughout the year, including work with local partners to strengthen further the health safeguarding collaborative, an update on the children and adult safeguarding reviews undertaken over the year and an update on the future plans for the coming year.</p> <p>Members noted the high standard of work achieved by the team and joint co-ordination of work that has developed over the year.</p> <p>The Board noted the content of the report and accepted the report as assurance that the CCG is meeting the statutory requirements for safeguarding children and adults and continue to support the CCG Safeguarding Team to meet its responsibilities highlighted in this report.</p>
59/21	<p><u>Report of the Chief Finance Officer Month 11</u> The finance report for Month 11 was presented, which has previously been considered by the CCG Finance and QIPP Committee.</p> <p>It was reported that the CCG was working under temporary financial arrangements in response to Covid 19 for the period 1 April 2020 to 30 September 2020. The final retrospective allocation adjustment for April to September was received in Month 8 bringing the CCG to a breakeven position for the first half of the financial year.</p> <p>A system wide financial envelope was allocated to Greater Manchester for the period 1 October 2020 to 31 March 2021. This is comprised of initial allocations for both CCGs and Providers, Covid funding, growth funding and system top up. It is expected that GM will manage the system wide financial position within this envelope for all areas of spend, the only exception to this will be those areas where national funding is still available. It was noted that any expenditure relating directly to Covid 19 has been captured and reported separately within the monthly Non ISFE submissions to NHS England.</p>

The Month 11 reported forecast position is a GM mandated surplus of £0.586m, once the expected allocation for Independent Sector over performance and Vaccination Programme set up costs are received. This is an improvement in the reported position when compared to the GM approved planned deficit of £1.091m.

The Board noted:-

- **The financial position at Month 11, which currently excludes funding to offset Covid vaccination site costs.**
- **The Month 11 position is reporting an improved position compared to the financial plan approved via CCG Board and GM Partnership Executive Board to include the mandated surplus as agreed through GM CFOs/DOFs. It is anticipated that the GM CCG positions will be adjusted in line with the GM financial governance arrangements.**

60/21

CCG Corporate Performance Report

The performance report was presented to the Board. The following highlights were noted for months 11 and 12 performance:

Elective Care

Routine elective care remains challenged as a result of the national pandemic, performance against the 92% standard is still significantly under the national target at 62.5% in February 2021, this is however in line with other Greater Manchester (GM) localities and work is underway within the locality and across GM to recover elective care performance and delivery, ensuring patients are treated in clinical and chronological priority order. Collaborative work with independent sector providers, commissioners and the hospital trusts is supporting initiatives, such as single equitable waiting lists and clinical prioritisation exercises. As we approach the 12 month mark of the national pandemic outbreak and the initial actions that were taken in April 2020, we are starting to see a significant increase in the numbers of 52 week breaches, the cumulative total year to date is 2,688 (2,247 in M10). This is however all part of the recovery planning and ensuring these patients will be seen in priority order.

Cancer Care

Cancer performance remains good, following the work that has taken place over the last 12 months to ensure cancer patients have been prioritised and continued to receive treatment. This has been supported by local and GM initiatives, such as the GM Cancer Hub and prioritisation of diagnostic capacity to ensure cancer pathways are not compromised. In January, the performance for the indicator “percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP”, dropped slightly to 91.5% from 94.9% in December 2020. In January, there were 5 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment, made up from both 2 week wait, consultant upgrade and screening referrals. These patients have however been continually reviewed and assurance has been received to confirm that their clinical outcome has not been negatively impacted due to the delay.

Urgent and Emergency Care

A&E performance has remained below the agreed trajectory of 95%. A&E attendances are increasing, in February the average daily attendances were 263, and invalidated figures for March are indicating the average daily attendances have increased to 311, with some days peaking at around 380 daily attendances. In January the number of NWS patients waiting more than 30 minutes and less than 59 minutes for a A&E handover to take place was 247. Performance has improved in February resulting in a figure of 107. Non Elective Length of stay has decreased to 4.2 in February from 5.0 in January, This figure is now below the target of less than 4.61.

Mental Health

January's performance increased in IAPT prevalence from the previous reporting period (from 15.7% to 26.5%) slightly increasing the year to date performance to 18.3%.

The recovery rate improved achieving the target at 51.3%. Early Intervention in Psychosis (EIP) exceeded the target in January, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute out of area placements continue to fluctuate but work continues to ensure positive patient flow and repatriation within 72 hours where possible, whilst offering alternatives to admission in the community.

Children's and Maternity Care

Maternity booking performance at Bolton FT for women registered with a Bolton GP remains above the 90% target with a year to date (YTD) position of 92%. The reported percentage of Children and Young People in Bolton accessing mental health treatment is currently below plan with a 2020/21 forecast position of 33% against the 35% national target. The percentage of children admitted to E5 following A&O remains below the 40% target with a YTD position of 37.9%. February's performance (20.4%) has reduced since January (22%) and is significantly lower than February 2020 (31.7%).

It was noted that A&E and referral rates are now increasing to pre-Covid levels which is putting further pressure on services.

An update on the work that has developed with GMMH on encouraging referrals from the BAMER communities to the Improving Access to Psychological Therapies was also presented by Hannah Carrington. The presentation highlighted the actions taken so far, a review of the BAMER population data in Bolton from the 2011 census and current projections from the Joint Strategic Needs Assessment showing a significant increase in the BAMER population in Bolton and who is accessing therapy over the last 18 months. An update on the analysis of the data on those people who were referred and attended therapy sessions was also shared with the Board, along with an update on the next steps of these developments.

The Board noted the performance report for months 11 and 12 and the update on the work undertaken with GMMH on equity of access to Mental Health Services.

61/12

Covid 19 Update

The report provides an update on the current position on Covid 19 rates in Bolton, service resilience, and a more detailed update on the Covid 19 vaccination programme. It was noted that as this is a developing situation, with advice being updated all the time, it should be noted that any information in this report was correct on the date of completion.

The main focus from the report was that over 131,000 people have now received their first dose vaccination and daily confirmed cases continue to decrease, which is helping reduce pressure on hospital services. The key messages highlighted were regarding the process for 2nd dose vaccinations and the national announcement relating to the Astra Zeneca vaccine in people under the age of 30.

Members had a detailed discussion on the recent announcement relating to administering the Astra Zeneca vaccine to the under 30 year olds and discussed how the CCG may be able to support practices in dealing with the queries and concerns that will be raised by this cohort of patients. It was reported that, currently, numbers relating to this cohort are fairly small. However there is a recognition that this will become an issue as national guidance changes to move to vaccinating people in cohorts 10 to 12 and there is a need to ensure appropriate communication is delivered to clinicians to support them in managing this, maintaining public confidence in the vaccine in that the risk of contracting Covid is higher than the risk of this vaccine and this is the perspective that is needed locally to deal with any public concerns.

It was noted that further national guidance is due to be released on all age groups and risk factors with the Astra Zeneca vaccine, which will be shared widely to ensure clinicians and the patients can make a fully informed decision.

	<p>Members also discussed the low uptake in people in the age group 16 to 64 with underlying health conditions. It was noted that the data being captured in this category is variable as there are a whole host of conditions which are not as easy to record on GP registers and is an area of concern across the locality. There is some further work now developing around access and barriers to people receiving the vaccination, which includes further pop up clinics and vaccine supplies being targeted in these areas to improve the situation further.</p> <p>The Board noted the update report.</p>
62/21	<p><u>Minutes and Reports from:</u></p> <p><u>CCG Executive Update – March 2021</u> The Board noted the update.</p> <p><u>CCG Finance and QIPP Committee – 26/3/21</u> The Board approved the Minutes.</p> <p><u>CCG Conflicts of Interest Committee – 12/3/21</u> The Board approved the Minutes.</p> <p><u>CCG Quality and Safety Committee – 10/3/21</u> The Board approved the Minutes.</p>
63/21	<p><u>Any Other Business</u> There was no further business discussed.</p>
64/21	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 14th May 2021 at 9.30am</u></p>
65/21	<p><u>Exclusion of the Public</u> The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.</p>

KEY ACTION LOG:

Updated from 9th April 2021:

This action log aims to cover all matters arising from previous meetings.

Members will raise any further queries with the Chair in advance of the next meeting.

COMPLETED ACTIONS:

Date/No./ Initials [NOTE 1]	Action Details:	Current Status: [SEE NOTE 2]	Due date: Original AND any agreed Revisions	Comments/Progress/ Explanations:
12/2/21 28/21 MM/HW	<u>CCG Corporate Performance Report:</u> To review further the information on deaths in over 65s, dental access and inequalities and access to mental health services and report back to the Board at a future meeting.	Progressing	March/April 21 Revised: April/May 21	Dental access information presented to the April board development session. Update on deaths in over 65s to be included in a future performance report.

Actions completed since April 2015 = 222

Number of actions remaining at 14th May 2021= 0

NOTE 1:

MM	Melissa Maguinness		
HW	Helen Wall		

NOTE 2: Current Status, (incl. relevant dates): Completed, Overdue, On target, Delayed